
PERSPECTIVES IN INTERNATIONAL PALLIATIVE CARE

SULTAN KAV, JEANNINE M. BRANT, AND TAYREEZ MUSHANI

OBJECTIVES: *To explore an international perspective on the needs and challenges for providing palliative care services, the nurse's role, and building capacity for palliative care.*

DATA SOURCES: *Review of the most up-to-date literature related to global palliative care, cancer and nursing.*

CONCLUSION: *The increase of cancer worldwide has added to the need for nurses to develop skills in palliative and end-of-life care. Despite the numerous global challenges nurses face in providing palliative care, a multitude of opportunities and organizations are available that support nurses.*

IMPLICATIONS FOR NURSING PRACTICE: *Palliative care is a foundation of care for most chronic illnesses globally. Nursing practice requires an awareness of palliative care best evidence to provide expert palliative care for patients with cancer and other chronic illnesses.*

KEY WORDS: *palliative care, cancer, global, nursing.*

The need for palliative care is growing because of aging populations and the increasing prevalence of chronic illness in many countries. Globally, over 20.4 million people need palliative care services annually. Most of these people (19 million) are

adults, with 34% of them being patients diagnosed with cancer.¹ According to the Global Burden of Disease Collaboration report, there were 17.5 million cancer cases worldwide and 8.7 million deaths in 2015. Between 2005 and 2015, cancer cases increased by 33%, with population aging contributing 16%, population growth 13%, and changes in age-specific rates contributing 4%.²

Evidence shows that palliative care, when combined with standard cancer care, provides better quality of life, mood, symptom, and survival outcomes than standard care alone.³ Despite being declared by several organizations as a basic human right, access to palliative care is limited or non-existent for millions of individuals in need in low- and middle-income countries (LMICs).^{4,5}

Palliative care for cancer patients and their families focuses on improvement of quality of life by addressing physical, emotional, psychosocial, and spiritual needs.⁶ Cancer patients and their families often have complex palliative care needs related to activities of daily living,

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0749-2081

<https://doi.org/10.1016/j.soncn.2018.06.009>

fatigue, social isolation, sexual dysfunction, physical needs, fear, future uncertainty, spiritual well-being, family concerns, socioeconomic aspects, and insufficient information.⁷

Historically, palliative care developed following the hospice movement; therefore, confusion exists about the differences between palliative and end-of-life care, both in the US and through its adaptation into other languages and countries. Based on their systematic review, Hui et al⁸ proposed a conceptual framework toward understanding supportive care, palliative care, and hospice care. Under this model, “hospice care” is part of “palliative care,” which in turn is under the umbrella of “supportive care.”⁸ Several organizations and professional networks have been established with a mandate to promote palliative and end-of-life care (Table 1). In this article, the global needs and challenges for providing palliative care services, the role of the nurse, and building capacity for palliative care from international perspectives are explored.

PALLIATIVE CARE: GLOBAL NEEDS AND CHALLENGES

The global prevalence of cancer and cancer-related deaths is expected to double in the next two decades. Palliative care, an essential component of care for patients with incurable diseases, is at the forefront of cancer care.^{4,9} As mentioned earlier, palliative care is acknowledged as a human right that is not equally accessible to the world’s population because of a number of challenges. An estimated 20 million people in 42% of the global nations have limited or no access to palliative care.⁴ Challenges to access encompass: 1) service integration, 2) opioid access, 3) human resources, and 4) policy initiatives.

Service Integration

A report on the global state of palliative care¹⁰ revealed that only 20 of 234 countries had advanced integration of palliative care services; only one of which was in sub-Saharan Africa. The authors further reported that 75 countries (32%) are in Group 1 (“No known activity”), with 139 countries being at various levels ranging from “capacity building” to “preliminary integration.”^{10p.1099} The authors further reported that the most notable gains in the provision of palliative care occurred in Africa, the Middle East, and

the Americas/Caribbean.¹⁰ This report attested that there are many areas of need and significant challenges exist when considering the global provision of palliative care.

Opioid Access

Globally, opioid access is identified as a challenge for palliative care providers in many regions. Oral opioids are cost effective and work well in the management of cancer-related pain. However, more than 70% of the world’s population has limited or no access to oral morphine. Jang and Lazenby^{11,p.430} state, “the history of opioid availability and usage in Africa has been wrought with inconsistent funding and overall shortages in supply.” Downing et al¹² describe the plight of Kenyan patients and report that many patients in the country die without effective pain management. Hannon et al⁴ further state that despite more than 80% of the world’s population living in LMICs, the total consumption of morphine in these countries amounts to less than 10% of the total amount of morphine used globally.

Additional challenges to making opioids available for those who need them lie in the paucity of prescribers because of strict regulations and human resource shortages. There is a need to educate policy makers about the crucial role of opioids and about safety measures that can be put into place to “prevent their diversion and abuse.”⁴ One option is to facilitate the task of prescribing to a broader base of health care providers, as has been done for nurses in Uganda.^{11,13} These approaches can potentially greatly contribute to alleviating the suffering of individuals needing palliation.

Human Resources

The burden of human suffering is further compounded by the limited access to palliative care education for care providers in many global regions. Walker et al⁹ report an increasing need for palliative care education and training in the US while Hannon et al⁴ state that palliative care training in LMICs is inadequate and lacks a systematic approach. Barriers to the delivery of palliative care education in developing countries include a lack of educators, stresses on organizations when workers are released for training, need to travel to training sites, and training costs.¹⁴ Developed countries also face challenges in the delivery of palliative care education. In the US, the demand for palliative care trained

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